

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **September 16-30 2006**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED Sept 2006	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Santa Monica Baykeeper				
Organizational DUNS: 848795480				
Address: Street: P.O. Box 10096				
City: Marina del Rey				
County: Los Angeles				
State: CA		Zip Code 90295		
Country: USA				
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 4 4 4 4 7 8 7				
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/>				
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Habitat Conservation 12. AREAS AFFECTED BY PROJECT (Cities, Counties, State): Los Angeles County, State of California 13. PROPOSED PROJECT Start Date: 3/1/2007 Ending Date: 2/28/2010 15. ESTIMATED FUNDING: a. Federal \$ b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$				
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: An evaluation of MPA placement, pre and post monitoring and assessment for San Pedro and Santa Monica Bay 14. CONGRESSIONAL DISTRICTS OF: a. Applicant 36 b. Project 36 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: Sept. 15, 2006 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL INFORMATION IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix First Name Laura Last Name Bodensteiner b. Title Biologist c. Telephone Number (give area code) (310) 305-9845 x3 d. Signature of Authorized Representative e. Date Signed Sept. 13, 2006				
Previous Edition Usable Authorized for Local Reproduction				

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 9/14/06 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY		Applicant Identifier State Application Identifier Federal Identifier	
---	--	---	--	--	--

5. APPLICANT INFORMATION					
Legal Name: Access Services, Inc. PO Box 71684, L.A. Organizational DUNS: 883300121 Address: Street: PO Box 71684 City: Los Angeles, CA County: Los Angeles State: CA Zip Code: 90071 Country: USA			<div style="border: 2px solid black; padding: 10px; width: 150px; margin: 0 auto;"> RECEIVED SEP 18 2006 STATE CLEARING HOUSE </div>		
Organizational Unit: Department: Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Matthew Middle Name: Last Name: Avancena Suffix:			Email: avancena@asila.org Phone Number (give area code): 213.270.6000 Fax Number (give area code): 213.270.6048		

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 5 - 4 4 8 9 7 1 1 </div>		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="radio"/> Other (specify)																													
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: Federal Transit Administration																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5307 </div>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Uniform Scheduling System																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles County		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21-47 b. Project 21-47																													
13. PROPOSED PROJECT Start Date: 12/1/05 Ending Date: 5/1/08		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																													
15. ESTIMATED FUNDING: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 40%;">526,000</td> <td style="width: 10%;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>226,000</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>752,000</td> <td>.00</td> </tr> </table>		a. Federal	\$	526,000	.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$	226,000	.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	752,000	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$	526,000	.00																												
b. Applicant	\$.00																												
c. State	\$.00																												
d. Local	\$	226,000	.00																												
e. Other	\$.00																												
f. Program Income	\$.00																												
g. TOTAL	\$	752,000	.00																												
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																															
a. Authorized Representative Prefix: First Name: MATTHEW Middle Name: E. Last Name: AVANCENA Suffix: b. Title: STRATEGIC PLANNER c. Telephone Number (give area code): 213.270.6000 d. Signature of Authorized Representative: <i>Matthew Avancena</i> e. Date Signed: 9/14/06																															

Version 7/03

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED May 17, 2006	Applicant Identifier 325	
Pre-application		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Menifee Union School District		Organizational Unit: Department: Business		
Organizational DUNS: 193211901		Division: Transportation Dept.		
Address: 30205 Menifee Road		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: 30205 Menifee Road		Prefix: Mr.	First Name: David	
City: Menifee		Middle Name: Charles		
County: Riverside		Last Name: Brown		
State: California		Suffix: Jr.		
Zip Code: 92584		Email: mgutierrez @menifeusd.org		
Country: USA		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 18 2006 STATE CLEARING HOUSE </div>		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-0818166		Phone Number (give area code) (951) 679-6833 or (951) 970-4669		Fax Number (give area code) (951) 672-6435
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision (If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <input type="checkbox"/> <input type="checkbox"/> Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) A School District Other (specify)		
10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-036		9. NAME OF FEDERAL AGENCY: EPA		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): Riverside County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Replacement of diesel school buses.		
13. PROPOSED PROJECT Start Date: 7/15/06 Ending Date: 11/15/06		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 49th b. Project: 49th		
15. ESTIMATED FUNDING: \$400,000		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? No		
a. Federal-EPA \$400,000 b. Applicant \$21,052.63 c. State \$ d. Local \$ e. Other \$		a. Yes <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
f. Program Income \$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL \$421,052.63		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative				
Prefix Mr.		First Name Daniel		Middle Name J.
Last Name Wood		Suffix		
b. Title Assistant Superintendent, Business Services		c. Telephone Number (give area code) (951) 672-1851		
d. Signature of Authorized Representative <i>[Signature]</i>		e. Date Signed May 24 2006		

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Authorized for Local ReproductionStandard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

Version 9/03

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED May 31, 2006		Applicant Identifier 327															
Pre-application		3. DATE RECEIVED BY STATE		State Application Identifier															
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier															
5. APPLICANT INFORMATION																			
Legal Name: Southwest Transportation Agency			Organizational Unit: Department:																
Organizational DUNS: 189658149			Division:																
Address:			Name and telephone number of person to be contacted on matters involving this application (give area code)																
Street: 16644 South Elm Avenue			Prefix: 559/644-1019		First Name: Kirk														
City: Caruthers			Middle Name:		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 18 2006 STATE CLEARING HOUSE </div>														
County: Fresno			Last Name: Hunter																
State: CA			Suffix: Mr.																
Country: USA			Email: lhunter@southwesttpa.org																
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6002210			Phone Number (give area code): 559/644-1000		Fax Number (give area code): 559/644-1051														
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <input type="checkbox"/> <input type="checkbox"/> Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) N. Joint Powers Authority Other (specify)																
10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-036			9. NAME OF FEDERAL AGENCY: Environmental Protection Agency (EPA) Contact: Bill Jones																
TITLE (Name of Program): Clean School Bus USA Assistance Agreements			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Replacement of two diesel school buses with two compressed natural gas (CNG) school buses																
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): City of Caruthers, Southwest Fresno County, San Joaquin Valley			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21 b. Project 21																
13. PROPOSED PROJECT Start Date: November 2006 Ending Date: November 2007			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <u>Faxed 916.323.3018</u> b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																
15. ESTIMATED FUNDING:			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																
<table border="1"> <tr><td>a. Federal</td><td></td></tr> <tr><td>b. Applicant</td><td>\$ 88,500</td></tr> <tr><td>c. State</td><td>\$231,500</td></tr> <tr><td>d. Local</td><td>\$0</td></tr> <tr><td>e. Other</td><td>\$0</td></tr> <tr><td>f. Program Income</td><td>\$0</td></tr> <tr><td>g. TOTAL</td><td>\$320,500</td></tr> </table>			a. Federal		b. Applicant	\$ 88,500	c. State	\$231,500	d. Local	\$0	e. Other	\$0	f. Program Income	\$0	g. TOTAL	\$320,500			
a. Federal																			
b. Applicant	\$ 88,500																		
c. State	\$231,500																		
d. Local	\$0																		
e. Other	\$0																		
f. Program Income	\$0																		
g. TOTAL	\$320,500																		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																			
a. Authorized Representative																			
Prefix Mr.		First Name Kirk		Middle Name															
Last Name Hunter		Suffix																	
b. Title Director		c. Telephone Number (give area code) 559/644-1019																	
d. Signature of Authorized Representative		e. Date Signed May 24, 2006																	

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Authorized for Local Reproduction**RECEIVED****MAY 30 2006****GMO, PMD-7**Standard Form 424 (Rev. 9-2000)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>	
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: <input type="text"/>			
5a. Federal Entity Identifier: <input type="text"/>			* 5b. Federal Award Identifier: <input type="text"/>		
State Use Only:					
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>		<div>RECEIVED SEP 18 2006 STATE CLEARING HOUSE</div>	
8. APPLICANT INFORMATION:					
* a. Legal Name: The Regents of the University of California					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6006145W			* c. Organizational DUNS: 094678394		
d. Address:					
* Street1:		Office of Research			
Street2:		University of California			
* City:		Santa Barbara			
County:		Santa Barbara			
* State:		CA: California			
Province:		<input type="text"/>			
* Country:		USA: UNITED STATES			
* Zip / Postal Code:		93106-2050			
e. Organizational Unit:					
Department Name: Marine Science Institute			Division Name: <input type="text"/>		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: <input type="text"/>		* First Name: Jennifer			
Middle Name: <input type="text"/>					
* Last Name: Casella					
Suffix: <input type="text"/>					
Title: Associate Project Scientist					
Organizational Affiliation: University of California, Santa Barbara					
* Telephone Number: (805) 893-5144			Fax Number: (805) 893-4724		
* Email: casella@lifesci.ucsb.edu					

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

* 12. Funding Opportunity Number:

NMFS-HCPO-2007-2000767

* Title:

Implementation of Marine Protected Areas, Southern California Coast

13. Competition Identification Number:

2049488

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Santa Barbara County and Northern Channel Islands

* 15. Descriptive Title of Applicant's Project:

Interpreting Changes in Community Structure in Marine Reserves in Light of Spatial and Temporal Patterns of Settlement

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 23

* b. Program/Project 23, 24

Attach an additional list of Program/Project Congressional Districts if needed.

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 04/01/2007

* b. End Date: 03/31/2009

18. Estimated Funding (\$):

* a. Federal	187,309.00
* b. Applicant	1,498.00
* c. State	0.00
* d. Local	0.00
* e. Other	91,331.00
* f. Program Income	0.00
* g. TOTAL	280,138.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 09/18/2006
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: Cora

Middle Name:

* Last Name: Diaz

Suffix:

* Title: Sponsored Projects Officer

* Telephone Number: (805) 893-4036 Fax Number: (805) 893-2611

* Email: diaz@research.ucsb.edu

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(a): <input type="text"/> * Other (Specify) <input type="text"/>	
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: <input type="text"/>			
5a. Federal Entity Identifier: <input type="text"/>			* 5b. Federal Award Identifier: <input type="text"/>		
State Use Only:					
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>		<div>RECEIVED</div> <div>SEP 18 2006</div> <div>STATE CLEARING HOUSE</div>	
8. APPLICANT INFORMATION:					
* a. Legal Name: The Regents of the University of California					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6006145W		* c. Organizational DUNS: 094878394			
d. Address:					
* Street1:		Office of Research			
Street2:		University of California			
* City:		Santa Barbara			
County:		Santa Barbara			
* State:		CA: California			
Province:		<input type="text"/>			
* Country:		USA: UNITED STATES			
* Zip / Postal Code:		93106-2050			
e. Organizational Unit:					
Department Name: Marine Science Institute			Division Name: <input type="text"/>		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Dr.		* First Name: Henry			
Middle Name: Mark					
* Last Name: Page					
Suffix:		<input type="text"/>			
Title: Associate Research Biologist					
Organizational Affiliation: University of California, Santa Barbara					
* Telephone Number: (805) 893-2875		Fax Number: (805) 893-8062			
* Email: page@lifesci.ucsb.edu					

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:**Type of Applicant 3: Select Applicant Type:***** Other (specify):***** 10. Name of Federal Agency:**

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NMFS-HCPO-2007-2000767

*** Title:**

Implementation of Marine Protected Areas, Southern California Coast

13. Competition Identification Number:

2049488

Title:**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Santa Barbara City and Santa Barbara County

*** 15. Descriptive Title of Applicant's Project:**

Variation in Settlement and Its Effect on Benthic Populations Inside and Outside of Marine Protected Areas

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	<input type="text" value="23"/>	* b. Program/Project
		<input type="text" value="23, 24"/>
Attach an additional list of Program/Project Congressional Districts if needed.		
<div style="display: flex; justify-content: space-between;"><div><input type="text"/></div><div><input type="text"/></div><div><input type="button" value="Delete Attachment"/></div><div><input type="button" value="View Attachment"/></div></div>		
17. Proposed Project:		
* a. Start Date:	<input type="text" value="03/01/2007"/>	* b. End Date:
		<input type="text" value="02/28/2008"/>
18. Estimated Funding (\$):		
* a. Federal	<input type="text" value="66,575.00"/>	
* b. Applicant	<input type="text" value="0.00"/>	
* c. State	<input type="text" value="0.00"/>	
* d. Local	<input type="text" value="0.00"/>	
* e. Other	<input type="text" value="0.00"/>	
* f. Program Income	<input type="text" value="0.00"/>	
* g. TOTAL	<input type="text" value="66,575.00"/>	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text" value="09/15/2006"/>		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input type="checkbox"/> c. Program is not covered by E.O. 12372.		
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="text" value="Exemption"/>		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> -- I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	<input type="text" value="Ms."/>	* First Name:
		<input type="text" value="Cora"/>
Middle Name:	<input type="text"/>	
* Last Name:	<input type="text" value="Diaz"/>	
Suffix:	<input type="text"/>	
* Title:	<input type="text" value="Sponsored Projects Officer"/>	
* Telephone Number:	<input type="text" value="(805) 893-4035"/>	Fax Number:
		<input type="text" value="(805) 893-2611"/>
* Email:	<input type="text" value="diaz@research.ucsb.edu"/>	
* Signature of Authorized Representative:	<input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed:
		<input type="text" value="Completed by Grants.gov upon submission."/>

Version 02

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): _____ * Other (Specify) _____	
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: _____			
5a. Federal Entity Identifier: _____			* 5b. Federal Award Identifier: _____		
State Use Only:					
6. Date Received by State: _____		7. State Application Identifier: _____			
8. APPLICANT INFORMATION:					
* a. Legal Name: California State Fire Marshal				<div>RECEIVED</div> <div>SEP 21 2006</div> <div>STATE CLEARING HOUSE</div>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 680306069		* c. Organizational DUNS: 949093272			
d. Address:					
* Street1: 3950 Paramount Blvd. #210					
Street2: _____					
* City: Lakewood					
County: _____					
* State: CA: California					
Province: _____					
* Country: USA: UNITED STATES					
* Zip / Postal Code: 90712-4144					
e. Organizational Unit:					
Department Name: _____			Division Name: Pipeline Safety		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: _____		* First Name: Robert			
Middle Name: _____					
* Last Name: Gorham					
Suffix: _____					
Title: Division Chief					
Organizational Affiliation: _____					
* Telephone Number: 562-497-9102			Fax Number: _____		
* Email: bob.gorham@fire.ca.gov					

Version 02

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

*** 10. Name of Federal Agency:**

Pipeline & Hazardous Material Safety Administration

11. Catalog of Federal Domestic Assistance Number:

20.700

CFDA Title:

Pipeline Safety

*** 12. Funding Opportunity Number:**

DOT-PH-PLL-07-001

*** Title:**

PHMSA Hazardous Liquid 2007 Base Grant

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

*** 15. Descriptive Title of Applicant's Project:**

California State Fire Marshal Pipeline Safety Program

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,072,150.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="1,072,150.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="2,144,300.00"/>

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

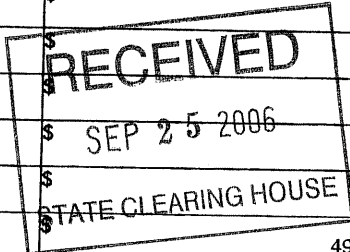
* Signature of Authorized Representative: * Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 7, 2006	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION	
Legal Name: Community Transportation Association of America	Organizational Unit: Department:
Organizational DUNS: 62-1419258	Division:
Address: Street: 1341 G Street, NW 10th Floor	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Charles
City: Washington	Middle Name Albert
County:	Last Name Rutkowski
State: DC	Suffix:
Zip Code 20005	Email: rutkowski@ctaa.org
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 23-7383218	Phone Number (give area code) 202.299.6593
	Fax Number (give area code) 202.737.9197
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	
7. TYPE OF APPLICANT: (See back of form for Application Types) O. Other (specify)	
9. NAME OF FEDERAL AGENCY: Rural Business-Cooperative Service; U.S. Department of Agriculture	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Rural Business Enterprise Grant	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The Rural Passenger Transportation Technical Assistance Program will assist rural communities preserve or expand existing transportation services and develop new transportation services and facilities.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Multi-State	
13. PROPOSED PROJECT Start Date: 10/1/06 Ending Date: 9/30/07	
14. CONGRESSIONAL DISTRICTS OF: a. Applicant DC b. Project WA3/4,OR2,NH1,MS1,CA25	
15. ESTIMATED FUNDING:	
a. Federal	\$ 495,000
b. Applicant	\$
c. State	\$
d. Local	\$
e. Other	\$
f. Program Income	\$
g. TOTAL	\$ 495,000
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 4/15/06 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative Prefix: Mr. First Name: Charles Middle Name: H. Last Name: Dickson Suffix:	
b. Title Associate Director	
c. Telephone Number (give area code) 202.247.8356	
d. Signature of Authorized Representative e. Date Signed 4/7/2006	



Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

RECEIVED

SEP 25 2006

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: California State Coastal Conservancy

* b. Employer/Taxpayer Identification Number (EIN/TIN):

94-3164968

* c. Organizational DUNS:

808322408

d. Address:

* Street1:

1330 Broadway, 11th Floor

Street2:

* City:

Oakland

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94612

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name: Karen

Middle Name:

* Last Name: Bane

Suffix:

Title: Project Manager

Organizational Affiliation:

* Telephone Number: (510) 286-0922

Fax Number:

* Email: kbane@scc.ca.gov

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

* 12. Funding Opportunity Number:

NMFS-HCPO-2007-2000732

* Title:

FY2007 Community-based Habitat Restoration Partnership Grants

13. Competition Identification Number:

2045732

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

California's coastal watersheds from Point Conception to the International Border between the United States and Mexico.

* 15. Descriptive Title of Applicant's Project:

Southern California Wetlands Recovery Project

Attach supporting documents as specified in agency instructions.



Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

CA-all

* b. Program/Project

CA-all

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

06/01/2007

* b. End Date:

06/01/2010

18. Estimated Funding (\$):

* a. Federal	8,500,000.00
* b. Applicant	16,750,000.00
* c. State	10,000,000.00
* d. Local	0.00
* e. Other	8,870,000.00
* f. Program Income	0.00
* g. TOTAL	44,120,000.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 09/25/2006
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ * I AGREE

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: May-Ling

Middle Name:

* Last Name: Lin

Suffix:

* Title: Grants Officer

* Telephone Number: (510) 286-4160 Fax Number:

* Email: mayling@scc.ca.gov

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

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Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 8/22/2006	Applicant Identifier 8CA06045
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier 8CA06045
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-DG-11052021-215
5. APPLICANT INFORMATION			
Legal Name: California Department of Forestry and Fire Protection		Organizational Unit: Department: California Department of Forestry and Fire Protection	
Organizational DUNS: 792358095		Division: Resource Management	
Address: Street: 1416 9 th . St. P.O. Box 944246		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Robb	
City: Sacramento		Middle Name:	
County: Sacramento		Last Name: Forsberg	
State: CA Zip Code: 94244-2460		Suffix:	
Country: United States		Email: robb.forsberg@fire.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-306069		Phone Number (give area code) (916) 653-9299	Fax Number (give area code) (916) 653-8957
8. TYPE OF APPLICATION: Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) A. Increase Award None Other (specify):		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Government Other (specify):	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Other Other (specify): 10-675 Urban & Community Forestry		9. NAME OF FEDERAL AGENCY:	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Urban & Community Forestry Program	
13. PROPOSED PROJECT Start Date: 2006-07-01 Ending Date: 2007-12-31		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 3 b. Project: Statewide	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 960,500 .00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 960,500 .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$.00		
g. TOTAL	\$ 1,921,000 .00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES.			
a. Authorized Representative			
Prefix Mr. First Name: William		Middle Name: E.	
Last Name: Snyder		Suffix:	
b. Title: Deputy Director for Resource Management		c. Telephone Number (give area code) (916) 653-4298	
Email: Bill.Snyder@fire.ca.gov		Fax Number (give area code) () -	
d. Signature of Authorized Representative 		e. Date Signed: 8/22/06	

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: Los Angeles Conservation Corps

* b. Employer/Taxpayer Identification Number (EIN/TIN):

95-4002138

* c. Organizational DUNS:

161928122

d. Address:

* Street1:

605 W. Olympic Blvd., Suite 450

Street2:

* City:

Los Angeles

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 90015

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name:

Phil

Middle Name:

* Last Name:

Malero

Suffix:

Title:

Deputy Director

Organizational Affiliation:

* Telephone Number:

213/747-1872, ext. 310

Fax Number:

213/747-2944

* Email:

pmalero@lacorps.org

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SEP 26 2006

STATE CLEARING HOUSE

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M; Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

* 12. Funding Opportunity Number:

NMFS-HCPO-2007-2000736

* Title:

FY2007 Community-based Habitat Restoration Project Grants

13. Competition Identification Number:

2045996

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

* 15. Descriptive Title of Applicant's Project:

LACC's SEA Lab Abalone Project (SLAP)—LACC will spawn, outplant and survey larval and juvenile abalone along the Palos Verdes Peninsula in Southern California.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

31

* b. Program/Project

36

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

17. Proposed Project:

* a. Start Date:

12/07/2006

* b. End Date:

05/31/2009

18. Estimated Funding (\$):

* a. Federal	177,771.00
* b. Applicant	179,745.00
* c. State	0.00
* d. Local	0.00
* e. Other	30,000.00
* f. Program Income	0.00
* g. TOTAL	387,516.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 09/25/2006 .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes☒ No

21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 21B, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:

* First Name:

Bruce

Middle Name:

* Last Name:

Salto

Suffix:

* Title:

Executive Director

* Telephone Number:

213/362-9000, ext. 203

Fax Number:

* Email:

bsalto@lccorps.org

* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

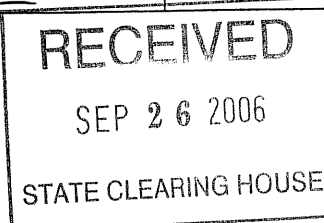
* Date Signed:

Completed by Grants.gov upon submission.

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 3, 2006	Applicant Identifier 8CA06042
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier 8CA06042
		4. DATE RECEIVED BY FEDERAL AGENCY 5/8/06	Federal Identifier 06-CA-11052021-203
5. APPLICANT INFORMATION			
Legal Name: California Department of Forestry and Fire Protection		Organizational Unit:	
Organizational DUNS: 792358095		Department: California Department of Forestry and Fire Protection	
Address: Street: 1416 9 th Street P.O. Box 944246		Division: Resource Management	
City: Sacramento		Name and telephone number of person to be contacted on matters involving this application (give area code)	
County: Sacramento		Prefix: Ms.	First Name: Debbie
State: CA		Middle Name:	
Zip Code: 94244-2460		Last Name: Mininfield	
Country: United States		Suffix:	
		Email: debbie.mininfield@fire.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 60-306060 68-0306069		Phone Number (give area code) (916) 653-7811	Fax Number (give area code) (916) 653-8957
8. TYPE OF APPLICATION: New If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) None None Other (specify):		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Government Other (specify):	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Other Other (specify): 10-676 Forest Legacy Program		9. NAME OF FEDERAL AGENCY: U. S. Forest Service, Department of Agriculture	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Forest Legacy Program - (Baxter)	
13. PROPOSED PROJECT Start Date: 2006-07-01 Ending Date: 2007-12-31 2009-06-30		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 3 b. Project: Statewide	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 985,090 .00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 328,363 .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 0		
g. TOTAL	\$ 1,313,453 .00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES.			
a. Authorized Representative			
Prefix Mr.	First Name: William	Middle Name: E.	
Last Name: Snyder		Suffix:	
b. Title: Deputy Director for Resource Management		c. Telephone Number (give area code) (916) 653-4298	
Email: Bill.Snyder@fire.ca.gov		Fax Number (give area code) () -	
d. Signature of Authorized Representative <i>William E. Snyder</i>		e. Date Signed: 5/14/06	

Previous Edition Usable
Authorized for Local Reproduction



Standard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 8/28/2006	Applicant Identifier 8CA06052
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier 8CA06052
		4. DATE RECEIVED BY FEDERAL AGENCY 8/31/06	Federal Identifier 06-DG-11052021-361
5. APPLICANT INFORMATION			
Legal Name: California Department of Forestry and Fire Protection		Organizational Unit: Department: California Department of Forestry and Fire Protection	
Organizational DUNS: 792358095		Division: Resource Management	
Address: Street: 1416 9 th St. P.O. Box 944246		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Robb	
City: Sacramento		Middle Name:	
County: Sacramento		Last Name: Forsberg	
State: CA Zip Code: 94244-2460		Suffix:	
Country: United States		Email: robb.forsberg@fire.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-306069 <u>68-0306069</u>		Phone Number (give area code) (916) 653-9299 Fax Number (give area code) (916) 653-8957	
8. TYPE OF APPLICATION: New If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) None None Other (specify):		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Government Other (specify):	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Other Other (specify): 10-664 Cooperative Forestry Assistance		9. NAME OF FEDERAL AGENCY:	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Conservation Reserve Program II - <u>Sign-up 28</u>	
13. PROPOSED PROJECT Start Date: <u>2006-07-01</u> <u>Upon Award</u> Ending Date: 2007-12-31		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 3 b. Project: Statewide	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 8,383 .00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$ 8,383 .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES.			
a. Authorized Representative Prefix Mr. First Name: William Last Name: Snyder		Middle Name: E. Suffix:	
b. Title: Deputy Director for Resource Management		c. Telephone Number (give area code) (916) 653-4298	
Email: Bill.Snyder@fire.ca.gov		Fax Number (give area code) () - ()	
d. Signature of Authorized Representative <u>William E Snyder</u>		e. Date Signed: <u>8/28/06</u>	

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 8/28/2006		Applicant Identifier 8CA06051	
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier 8CA06051	
		4. DATE RECEIVED BY FEDERAL AGENCY 8/31/06		Federal Identifier 06-DG-11052021-362	
5. APPLICANT INFORMATION					
Legal Name: California Department of Forestry and Fire Protection			Organizational Unit:		
			Department: California Department of Forestry and Fire Protection		
Organizational DUNS: 792358095			Division: Resource Management		
Address:			Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: 1416 9 th St. P.O. Box 944246			Prefix: Mr. First Name: Robb		
City: Sacramento			Middle Name:		
County: Sacramento			Last Name: Forsberg		
State: CA		Zip Code: 94244-2460		Suffix:	
Country: United States			Email: robb.forsberg@fire.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-306069 68-0306069			Phone Number (give area code) (916) 653-9299		Fax Number (give area code) (916) 653-8957
8. TYPE OF APPLICATION: New If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) None None			7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Government Other (specify):		
Other (specify):			9. NAME OF FEDERAL AGENCY:		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Other Other (specify): 10-664 Cooperative Forestry Assistance			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Conservation Reserve Program I Sign-ups 29 + 30		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide			14. CONGRESSIONAL DISTRICTS OF:		
13. PROPOSED PROJECT Start Date: 2006-07-01 <i>upon award</i> Ending Date: 2007-12-31			a. Applicant: 3 b. Project: Statewide		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	22,482 .00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:		
b. Applicant	\$	.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	.00	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	.00			
g. TOTAL	\$	22,482 .00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES.					
a. Authorized Representative					
Prefix Mr.		First Name: William		Middle Name: E.	
Last Name: Snyder		Suffix:			
b. Title: Deputy Director for Resource Management				c. Telephone Number (give area code) (916) 653-4298	
Email: Bill.Snyder@fire.ca.gov				Fax Number (give area code) () -	
d. Signature of Authorized Representative <i>William E Snyder</i>				e. Date Signed: 8/28/06	

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 21, 2006	Applicant Identifier
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: State of California		Organizational Unit: Department: Department of Health Services	
Organizational DUNS: DHS 968257675		Division: Drinking Water and Environmental Management	
Address: Street: 1616 Capitol Avenue, P. O. Box 997413 MS 7400		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix:	First Name: Alice
County: Sacramento		Middle Name A.	
State: California		Last Name Webber	
Zip Code 95899-7413		Suffix:	
Country: United States		Email: awebber@dhs.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 66-0317191		Phone Number (give area code) 916-449-5585	
		Fax Number (give area code) 916-449-5575	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): PWSS (Public Water Systems Support) 66-432		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: California Drinking Water Regulatory Program. This grant is provided to augment the State's regulatory program of public water systems.	
13. PROPOSED PROJECT Start Date: October 1, 2006 Ending Date: September 30, 2008		14. CONGRESSIONAL DISTRICTS OF: a. Applicant State of California b. Project Statewide	
16. ESTIMATED FUNDING:		15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 7,138,270	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 13,451,132	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income State of California	\$		
g. TOTAL	\$ 20,589,402		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Horton		First Name Mark	
Last Name Horton		Middle Name	
b. Title State Public Health Officer / Chief Deputy Director		Suffix	
d. Signature of Authorized Representative		c. Telephone Number (give area code) (916) 440-7400	
Previous Edition Usable Authorized for Local Reproduction		e. Date Signed 22 Sept 2006	

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED September 25, 2006	Applicant Identifier DUNS #80-8322127	
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: California Conservation Corps		Organizational Unit: Department: Northern Service District		
Organizational DUNS: 80-8322127		Division: Fortuna Center		
Address: Street: 1500 Alamar Way		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Fortuna		Prefix: Ms.		
County: Humboldt		First Name: Michelle		
State: California		Middle Name		
Zip Code 95540		Last Name Rankin		
Country: USA		Suffix:		
		Email: mrarkin@ccc.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0298653		Phone Number (give area code) (707) 725-5106 ext. 209		Fax Number (give area code) (707) 725-1748
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-463 TITLE (Name of Program): Community-based Habitat Restoration National and Regional Partnership Grants		9. NAME OF FEDERAL AGENCY: National Oceanic & Atmospheric Administration - Dept. of Commerce		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Coastal California from Oregon to Mexican Border		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: California Coastal Fisheries Restoration Project Partnership		
13. PROPOSED PROJECT Start Date: July 1, 2007 Ending Date: June 30, 2010		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1 b. Project 1, 2, 6, 14, 17, 23, 24		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 975,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: September 26, 2006		
b. Applicant	\$ 978,645.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$.00			
g. TOTAL	\$ 1,953,645.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Ms.		First Name Michelle		Middle Name
Last Name Rankin				Suffix
b. Title Center Director		c. Telephone Number (give area code) (707) 725-5106 ext. 209		
d. Signature of Authorized Representative <i>Michelle Rankin</i>		e. Date Signed September 25, 2006		

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Prescribed by OMB Circular A-102

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>	
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: SC 20070216			
5a. Federal Entity Identifier: <input type="text"/>			* 5b. Federal Award Identifier: <input type="text"/>		
State Use Only:			RECEIVED SEP 27 2006 STATE CLEARING HOUSE		
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>			
8. APPLICANT INFORMATION:					
* a. Legal Name: Regents of the University of California, Santa Cruz			* b. Employer/Taxpayer Identification Number (EIN/TIN): 941539563		
			* c. Organizational DUNS: 125084723		
d. Address:					
* Street1: 1156 High Street					
Street2: <input type="text"/>					
* City: Santa Cruz					
County: <input type="text"/>					
* State: CA: California					
Province: <input type="text"/>					
* Country: USA: UNITED STATES					
* Zip / Postal Code: 95064					
e. Organizational Unit:					
Department Name: Institute of Marine Sciences			Division Name: Physical - Biological Sciences		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Ms.		* First Name: Lynne			
Middle Name: <input type="text"/>					
* Last Name: Van Der Kamp					
Suffix: <input type="text"/>					
Title: Senior Research Administrator					
Organizational Affiliation: Sponsored Projects					
* Telephone Number: 831-459-1574		Fax Number: 831-459-5353			
* Email: Lvan@ucsc.edu					

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 17

* b. Program/Project 17

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 03/01/2007

* b. End Date: 02/28/2009

18. Estimated Funding (\$):

* a. Federal	131,857.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	131,857.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 09/25/2006
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Ms. * First Name: Lynne

Middle Name:

* Last Name: Van Der Kamp

Suffix:

* Title: Senior Research Administrator

* Telephone Number: 831-459-1574 Fax Number: 831-459-5353

* Email: lvan@ucsc.edu

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

* 12. Funding Opportunity Number:

NMFS-HCPO-2007-2000767

* Title:

Implementation of Marine Protected Areas, Southern California Coast

13. Competition Identification Number:

2049488

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Santa Cruz, San Diego CA

* 15. Descriptive Title of Applicant's Project:

Baselines for the evaluation of marine reserves: prospects for future reserve performance

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

1. * TYPE OF SUBMISSION <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		2. DATE SUBMITTED 	Applicant Identifier
5. APPLICANT INFORMATION		3. DATE RECEIVED BY STATE 	State Application Identifier
* Legal Name: Regents of University of California		4. Federal Identifier 	
* Organizational DUNS: 0471200840000			
Department: Office of Research		Division: Sponsored Programs	
* Street1: 1850 Research Park Drive, Suite 300		Street2:	
* City: Davis		County: Yolo	* State: CA * ZIP Code: 95618
* Country: USA			
Person to be contacted on matters involving this application			
Prefix: * First Name: Middle Name: * Last Name: Suffix:			
Mr. Matt Nguyen			
* Phone Number: 530-747-3912 Fax Number: 530-747-3937 Email: mannguyen@ucdavis.edu			
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 946036494		7. * TYPE OF APPLICANT: F: State-Controlled Institution of Higher Education	
8. * TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		Other (Specify): Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify):		9. * NAME OF FEDERAL AGENCY: Office of Science	
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 81.049 TITLE: Office of Science Financial Assistance Program	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Residual Silicate Systems from Energy Utilization of Agricultural Waste: Experimental Melting Constraints on Slag Formation and Potassium Volatilization			
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) USA			
13. PROPOSED PROJECT: * Start Date: 04/01/2007 * Ending Date: 03/31/2010		14. CONGRESSIONAL DISTRICTS OF: a. * Applicant: CA-001 b. * Project: CA-001	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION			
Prefix: * First Name: Middle Name: * Last Name: Suffix:			
Dr. Peter Thy			
Position/Title: Project Scientist		* Organization Name: Regents of University of California	
Department: Department of Geology		Division:	
* Street1: One Shields Avenue		Street2:	
* City: Davis		County: Yolo	* State: CA * ZIP Code: 95618
* Country: USA			
* Phone Number: 530-752-0350		Fax Number: 530-752-0951	* Email: thy@geology.ucdavis.edu

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OMB Number: 4040-0001
Expiration Date: 04/30/2008

SF 424 (R&R) APPLIC. JN FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding 541,637.82
b. * Total Federal & Non-Federal Funds 541,637.82
c. * Estimated Program Income 0.00

17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 09/27/2006

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ * I agree

* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Authorized Representative

Prefix: * First Name: Middle Name: * Last Name: Suffix:
Mr. Matt Nguyen
* Position/Title: Contracts and Grants Analyst * Organization: Regents of University of California
Department: Office of Research Division: Sponsored Programs
* Street1: 1850 Research Park Drive, Suite 300 Street2:
* City: Davis County: Yolo * State: CA * ZIP Code: 95618
* Country: USA
* Phone Number: 530-747-3912 Fax Number: 530-747-3937 * Email: mannguyen@ucdavis.edu

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov

20. Pre-application

[Delete Attachment](#)[View Attachment](#)

OMB Number: 4040-0001

Expiration Date: 04/30/2008



APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application
☐ Changed/Corrected Application

4. Federal Identifier

6. APPLICANT INFORMATION

* Organizational DUNS: 0471200840000

* Legal Name: Regents of University of California

Department: Office of Research

Division: Sponsored Programs

* Street1: 1850 Research Park Drive, Suite 300

Street2:

* City: Davis

County: Yolo

* State: CA

* ZIP Code: 95618

* Country: USA

Person to be contacted on matters involving this application

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Mr. Matt

Nguyen

* Phone Number: 530-747-3912

Fax Number: 530-747-3937

Email: mannguyen@ucdavis.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

948038494

7. * TYPE OF APPLICANT:

F: State-Controlled Institution of Higher Education

8. * TYPE OF APPLICATION: ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify):

9. * NAME OF FEDERAL AGENCY:

Office of Science

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

* Is this application being submitted to other agencies? Yes ☐ No ☒

What other Agencies?

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Residual Silicate Systems from Energy Utilization of Agricultural Waste: Experimental Melting Constraints on Slag Formation and Potassium Volatilization

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

USA

13. PROPOSED PROJECT:

* Start Date

* Ending Date

04/01/2007

03/31/2010

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

b. * Project

CA-001

CA-001

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Dr. Peter

Thy

Position/Title: Project Scientist

* Organization Name: Regents of University of California

Department: Department of Geology

Division:

* Street1: One Shields Avenue

Street2:

* City: Davis

County: Yolo

* State: CA

* ZIP Code: 95618

* Country: USA

* Phone Number: 530-752-0350

Fax Number: 530-752-0951

* Email: thy@geology.ucdavis.edu

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OMB Number: 4040-0001

Expiration Date: 04/30/2008

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding 541,637.82

b. * Total Federal & Non-Federal Funds 541,637.82

c. * Estimated Program Income 0.00

17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 09/27/2006

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ * I agree

* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Authorized Representative

Prefix: * First Name: Middle Name: * Last Name: Suffix:

Mr. Matt Nguyen

* Position/Title: Contracts and Grants Analyst * Organization: Regents of University of California

Department: Office of Research Division: Sponsored Programs

* Street1: 1850 Research Park Drive, Suite 300 Street2:

* City: Davis County: Yolo * State: CA * ZIP Code: 95618

* Country: USA

* Phone Number: 530-747-3912 Fax Number: 530-747-3937 * Email: mannguyen@ucdavis.edu

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov

20. Pre-application

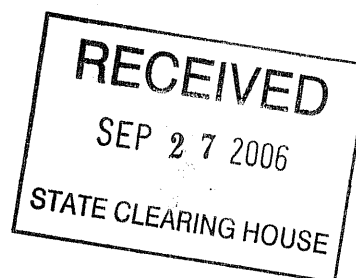


Delete Attachment

View Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008



APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

DEA Grant

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY	Applicant Identifier 047897863 State Application Identifier Federal Identifier														
5. APPLICANT INFORMATION Legal Name: City of Sunnyvale Address (give city, county, State, and zip code): 456 West Olive Avenue Sunnyvale, CA, 94088-3707																	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 0 0 4 3 8		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; height: 20px; line-height: 20px; margin: 0 auto;">C</div>															
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: <div style="font-size: 1.5em; font-weight: bold; text-align: center;">OEA</div>															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 2 - 6 0 7 TITLE: Community Economic Adjustment Planning Assistance		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Onizuka AFS															
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Sunnyvale																	
13. PROPOSED PROJECT Start Date: 1/1/06 Ending Date: 8/31/07		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 14 b. Project: 14															
15. ESTIMATED FUNDING: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$ 297,674.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$ 34,129.00</td> </tr> <tr> <td>c. State</td> <td>\$ 0.00</td> </tr> <tr> <td>d. Local</td> <td>\$ 0.00</td> </tr> <tr> <td>e. Other</td> <td>\$ 0.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 331,803.00</td> </tr> </table>		a. Federal	\$ 297,674.00	b. Applicant	\$ 34,129.00	c. State	\$ 0.00	d. Local	\$ 0.00	e. Other	\$ 0.00	f. Program Income	\$ 0.00	g. TOTAL	\$ 331,803.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 09/28/06 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ 297,674.00																
b. Applicant	\$ 34,129.00																
c. State	\$ 0.00																
d. Local	\$ 0.00																
e. Other	\$ 0.00																
f. Program Income	\$ 0.00																
g. TOTAL	\$ 331,803.00																
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																	
a. Type Name of Authorized Representative		b. Title															
d. Signature of Authorized Representative		c. Telephone Number															
		e. Date Signed															

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED 9/28/06

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

1. TYPE OF SUBMISSION:

Application

Pre-application

☐ Construction☐ Construction☒ Non-Construction☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name:

Acterra: Action for a Sustainable Earth

Organizational Unit:

Department: San Francisco Watershed Council

Organizational DUNS:

121365670

Division:

Address:

Street:

3921 East Bayshore Road

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix: Ms.

First Name: Kathleen

City:

Palo Alto

Middle Name

Rose

County:

Santa Clara

Last Name

Pilat

State:

California

Zip Code

94303

Suffix:

Country:

USA

Email:

Katie@sanfrancisco.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

23-7069937

Phone Number (give area code)

650-961-1035 x305

Fax Number (give area code)

650-962-8234

8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ RevisionIf Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)

Other (specify)

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SEP 28 2006

7. TYPE OF APPLICANT: (See back of form for Application Types)

0. Not for Profit Organization

Other (specify)

9. NAME OF FEDERAL AGENCY:

NOAA Fisheries

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE (Name of Program):

Habitat Conservation

STATE CLEARING HOUSE

11-463

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

San Mateo, Santa Clara Counties

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

San Francisco Creek
Steelhead Habitat Stewardship
Project

13. PROPOSED PROJECT

Start Date:

8/1/07

Ending Date:

7/31/09

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

14

b. Project

14

15. ESTIMATED FUNDING:

a. Federal

\$

34,031

b. Applicant

\$

0

c. State

\$

0

d. Local

\$

4,708

e. Other

\$

29,933

f. Program Income

\$

0

g. TOTAL

\$

68,672

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: 9/28/06

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation.☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix

Ms.

First Name

Kathleen

Middle Name

Rose

Last Name

Pilat

Suffix

b. Title:

Restoration Projects Manager

c. Telephone Number (give area code)

650-961-1035 x305

d. Signature of Authorized Representative

Kath Pilat

e. Date Signed

9/28/06

Previous Edition Usable

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Standard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

City of Santa Rosa

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

RECEIVED

8. APPLICANT INFORMATION:

* a. Legal Name: City of Santa Rosa

* b. Employer/Taxpayer Identification Number (EIN/TIN):

94-6000428

* c. Organizational DUNS:

071879464

STATE CLEARING HOUSE

d. Address:

* Street1:

69 Stony Circle

Street2:

* City:

Santa Rosa

County:

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 95401

e. Organizational Unit:

Department Name:

Public Works

Division Name:

N/A

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Ms.

* First Name:

Nancy

Middle Name:

* Last Name:

Adams

Suffix:

Title: Transportation Planner

Organizational Affiliation:

N/A

* Telephone Number:

707-543-3910

Fax Number:

707-543-3801

* Email:

nadama@srcity.org

Application for Federal Assistance SF-424**Version 02****9. Type of Applicant 1: Select Applicant Type:**

C: City or Township Government

Type of Applicant 2: Select Applicant Type:**Type of Applicant 3: Select Applicant Type:**

* Other (specify):

*** 10. Name of Federal Agency:**

National Oceanic and Atmospheric Administration

11. Catalog of Federal Domestic Assistance Number:

11.463

CFDA Title:

Habitat Conservation

*** 12. Funding Opportunity Number:**

NMFS-HCPO-2007-2000736

* Title:

FY2007 Community-based Habitat Restoration Project Grants

13. Competition Identification Number:

2045996

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Santa Rosa, Sonoma County, California

*** 15. Descriptive Title of Applicant's Project:**

Prince Memorial Greenway - Santa Rosa Creek Pierson Reach Restoration

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-006

* b. Program/Project CA-006

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 05/01/2007

* b. End Date: 04/30/2009

18. Estimated Funding (\$):

* a. Federal	4,089,871.00
* b. Applicant	250,000.00
* c. State	1,908,056.00
* d. Local	720,000.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	6,967,927.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 08/28/2006
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

Explanation

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr. * First Name: Richard

Middle Name:

* Last Name: Moshier

Suffix:

* Title: Public Works Director

* Telephone Number: 707-543-3800

Fax Number: 707-543-3801

* Email: rmoshier@arcity.org

* Signature of Authorized Representative: Completed by Grants.gov upon submission.

* Date Signed: Completed by Grants.gov upon submission.

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Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 27, 2006		Applicant Identifier 8CA06040	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier 8CA06040	
		4. DATE RECEIVED BY FEDERAL AGENCY 5/8/06		Federal Identifier 06-DG-11052021-207	
5. APPLICANT INFORMATION					
Legal Name: California Department of Forestry and Fire Protection			Organizational Unit: Department: California Department of Forestry and Fire Protection		
Organizational DUNS: 792358095			Division: Resource Management		
Address: Street: 1416 9 th Street P.O. Box 944246			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Sacramento			Prefix: Ms.		First Name: Debbie
County: Sacramento			Middle Name:		
State: CA			Last Name: Mininfield		
Zip Code: 94244-2460			Suffix:		
Country: United States			Email: debbie.mininfield@fire.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-306069 68-0306069			Phone Number (give area code) (916) 653-7811		Fax Number (give area code) (916) 653-8957
8. TYPE OF APPLICATION: New If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) None None Other (specify):			7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Government Other (specify):		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10.664 <input type="checkbox"/> Cooperative Forestry Assistance Other (specify):			9. NAME OF FEDERAL AGENCY: U. S. Forest Service, Department of Agriculture		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Conservation Education Program		
13. PROPOSED PROJECT Start Date: 2006-07-01 Ending Date: 2007-12-31			14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 3 b. Project: Statewide		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	15,000 .00	a. Yes, <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No, <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
b. Applicant	\$	15,000 .00			
c. State	\$	.00			
d. Local	\$	.00			
e. Other	\$	.00			
f. Program Income	\$	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
g. TOTAL	\$	30000 .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES.					
a. Authorized Representative			Middle Name: E.		
Prefix Mr.	First Name: William		Suffix:		
Last Name: Snyder			c. Telephone Number (give area code) (916) 653-4298		
b. Title: Deputy Director for Resource Management			Fax Number (give area code) () -		
Email: Bill.Snyder@fire.ca.gov			e. Date Signed: 5/14/06		
d. Signature of Authorized Representative <i>William E. Snyder</i>					

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application ☒ Application
☐ Changed/Corrected Application

4. Federal Identifier

FWA00006252

5. APPLICANT INFORMATION

* Organizational DUNS: 124726725

* Legal Name: The Regents of the University of California, Berkeley

Department: Sponsored Projects Office

Division:

* Street1: 2150 Shattuck Ave #313

Street2:

* City: Berkeley

County: Alameda

* State: CA: California

Province:

* Country: UNITED ST

* ZIP / Postal Code: 94704

Person to be contacted on matters involving this application

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

Ms. Susan

Hedley

* Phone Number: 510-642-8119

Fax Number: 510-642-8236

Email: shedley@berkeley.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

94-6002123

7. * TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

8. * TYPE OF APPLICATION: ☐ New☐ Resubmission ☐ Renewal ☒ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify)

9. * NAME OF FEDERAL AGENCY:

FAA-COE-ACER

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

20.109

TITLE: Air Transportation Centers of Excellence

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Ozone in Passenger Cabins

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

US-all

13. PROPOSED PROJECT:

* Start Date

* Ending Date

10/01/2006

09/30/2008

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

CA-009

b. * Project

US-all

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

William

W.

Nazaroff

PhD

Position/Title:

PI

* Organization Name:

The Regents of the University of California, Berkeley

Department:

Dept of Civil Engineering

Division:

* Street1:

861 Davis Hall #1710

Street2:

* City: Berkeley

County: Alameda

* State: CA: California

Province:

* Country: UNITED ST

* ZIP / Postal Code: 94704

* Phone Number: 510-642-1040

Fax Number: 510-643-5264

* Email: nazaroff@ce.berkeley.edu

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SEP 29 2006

STATE CLEARING HOUSE

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding 74,997.00
b. * Total Federal & Non-Federal Funds 98,752.00
c. * Estimated Program Income 0.00

17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 09/29/2006

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ * I agree

* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Authorized Representative

Prefix: * First Name: Middle Name: * Last Name: Suffix:
Ms. Susan Hedley
* Position/Title: Sr. Analyst * Organization: The Regents of the University of California, Berkeley
Department: Sponsored Projects Office Division:
* Street1: 2150 Shattuck Ave #313 Street2:
* City: Berkeley County: Alameda * State: CA: California
Province: * Country: UNITED STATES * ZIP / Postal Code: 94704
* Phone Number: 510-642-8119 Fax Number: * Email: shedley@berkeley.edu

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov

20. Pre-application

Add Attachment

21. Attach an additional list of Project Congressional Districts if needed.

Add Attachment